# STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD

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### Dear Applicant:

AR Code Annotated 17-103-307 requires all applicants for social work licensure to apply to the Identification Bureau of the Arkansas State Police for state and national criminal background checks prior to being issued licensure.

No Applicant will be issued licensure (includes provisional) until the *results* of the criminal background check are received. It may take 2 - 6 weeks to receive the results.

It is the responsibility of the applicant to submit the following forms to the Board:

- 1. Completed Record Check Form (must be notarized)
- 2. Completed fingerprint card (instructions below)
- 3. Required processing fee. Money Order or Cashier's Check payable to the Arkansas Social Work Licensing Board. No personal checks or cash will be accepted.

#### **INSTRUCTIONS:**

- 1. Complete the Record Check Form and have it notarized.
- 2. Obtain a completed fingerprint card. <u>You</u> MUST use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal fingerprinting. You can obtain this card at your local police department, sheriff's office, state police office, or you can contact the Arkansas Social Work Licensing Board to have one sent to you.
- Attach a Cashier's Check or Money Order payable to the ARKANSAS SOCIAL WORK LICENSING BOARD in the amount of \$38.50. (No personal checks or cash accepted)

4. Mail all forms to: Social Work Licensing Board

P.O. Box 251965

Little Rock, Arkansas 72225

If you have questions or need additional information, please contact the board office at the above address or phone number.

07/2012

## AR920150Z SOCIAL WORK LICENSING BOARD RECORD CHECK FORM

ITEMS NEEDED: 1. This form completed (typed or printed clearly)

- 2. One completed fingerprint card
- 3. One money order or cashier's check (no personal checks), made payable to
- "Arkansas Social Work Licensing Board" in the amount of \$38.50.

Full Name:				/		
Full Name: First		Middle	Last		Maiden/Other	
Date of Birth:	Race:	Sex:	Ethnicity:	Place of Birth:		
(Month/D					(City and State	;)
Social Security #:		Driver's License #:		Issuing State:		
Mailing Address:						
Street		City		State	Zip Code	
		Name)		Date:		
, -			WITHOUT A NO	TARIZED	SIGNATURE.)	
STATE OF						
COUNTY OF						
Subscribed and sworn b		•	•	and state a	foresaid, this the	
				(SEAL)		
Notary Public			( <i>bl/tl)</i>			

RETURN THIS FORM, FEE, AND FINGERPRINT CARD TO:

SOCIAL WORK LICENSING BOARD P.O. BOX 251965 LITTLE ROCK, AR 72225

X 82001 Civil Record Check

X 80000 FBI Check

Revised 06/12

### **FBI Fingerprint Card:**

- You MUST use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal fingerprinting.
- You can obtain this card at your local police department, sheriff's office, state police office, or you can contact the Arkansas Social Work Licensing Board office to have one sent to you.
- Have fingerprints done by someone APPROPRIATELY TRAINED to collect them. A delay in the
  processing of your FBI criminal background check is commonly caused by incomplete FBI
  fingerprint cards and poor quality of fingerprints.
  - Your local police or sheriff's department may be willing to accommodate you. There may or may not be a fee involved. The Arkansas State Police ID Bureau in Little Rock, on Geyer Springs Road at I-30, will do your fingerprints WITHOUT charge Monday through Friday from 8:30 a.m. to 4:30 p.m.
- <u>DO NOT BEND OR FOLD THE FBI FINGERPRINT CARD</u> place in an appropriately sized mailing envelope with the Record Check Form and required fee.
- **DO NOT CONTACT the Arkansas State Police or the FBI** about the status of your criminal background check. Those agencies will notify the Arkansas Social Work Licensing Board.

### Fields to be completed on the Fingerprint Card

(Type or print, black ink only - Fingerprints must be done in **BLACK** Ink.)

- · Last name, First name, Middle name
- Signature of person fingerprinted
- Aliases (other names you have used, including nicknames, maiden names, other married names, etc.)
- Date of birth (MM/DD/YYYY)
- Residence of person fingerprinted (street address or post office box, city, state, zip)
- Citizenship (i.e., United States, England, Mexico)
- Sex: M= Male, F= Female
- Race: A=Asian; W=White; B=Black; I=American Indian, H=Hispanic, U=Unknown
- Height
- Weight
- Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel; XXX=Unknown
- Hair: BAL=Bald; BRO=Brown; BLK=Black; SDY=Sandy; GRY=Gray; WHI=White; BLN=Blond; RED=Red: XXX=Unknown
- Place of birth (city/state or foreign country)
- Employer and address ("none" if you are unemployed)
- Reason Fingerprinted This block MUST read: Licensure of Social Workers ACA § 17-103-307
- Social Security Number
- Leave all other spaces blank (i.e., OCA, FBI, MNU)
- If an individual is missing one or more fingers, a notation in the fingerprint block(s) indicating why a
  partial or missing image exists must be written in. Handwritten notation recommended for fingerprint
  submissions include: AMP=amputated; TI=tip amputated; Missing at Birth; Cut off; Shot off;
  Deformed; and Missing.